## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P930000 4168
Sherry B. Simpson, P.A.

## FILED May 06 1997 8:00am Secretary of State

2. Procyal Place of Business 2. Procyal Place of Business 2. Procyal Place of Business 2. Read 2. Mailing Address 3. Let Art # etc 3. Davie   Suite Art # etc 3. Davie   Florid   Suite April # etc 3. Davie   Florid   Davie   Florid   Trust Fund Contribution   Trust Fund Contribution   Trust Fund Contribution   Davie   Davie   Trust Fund Contribution   Davie	\$8.75 Fee R \$5.00 Added tax under s No Agent	Additional lequired May Be to Fees S. 199 032,
Fort Landerdale, Fl. 33312  3. Date incorporated or Qualified 3a. Da 2 Principal Place of Business 21 6200 Shirling Road 26 6200 Shirling Road 37 Suite. Apt. # etc 27 Suite. Apt. # etc 28 Davie Florida 39 Davie Florida 30 Davie Florida 30 Davie Florida 31 This corporation has liability for integrible 32 Principal Place of Status Desired 33 Davie Florida 32 Davie Florida 33 Davie Florida 4. FEI Number 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 7 Trust Fund Contribution 8 This corporation has liability for integrible 8 Florida Statutes 8 Tree Florida Statutes 8 Street Address (P.O. Box Number is Not Acceptable) 8 Sunrice Florida Statutes, the above-named corporation submits this statement for the purpose of office or any stered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approagent Familian, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approagent Familian, or both, and incept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  10 Name and Address of Outline Agencia Manufacture and Agencia Agent signature required when renstating)  DATE	\$8.75 Fee R \$5.00 Added tax under s No Agent	Additional lequired May Be to Fees S. 199 032,
21 6200 String Road 26 6200 String Road 65-0385664  Suite Act # cit	\$8.75 Fee R \$5.00 Added tax under s No Agent	pplied For lot Applicable Additional lequired  May Be to Fees s. 199.032,
Suite Act # etc.    Suite Apt # etc.   Suite Apt #	\$8.75 Fee R \$5.00 Added tax under s No Agent	Additional lequired  May Be to Fees s. 199.032,
22 City & State  City & State  City & State  Davie  Florida  Zip  Country  Zip  Country  Zip  Country  Zip  Country  B. This corporation has liability for intengible Florida Statutes  Signature  Florida Statutes  Florida Statute	\$5.00 Added tax under s No Agent	Neguired  May Be to Fees  s. 199.032,
City & State    City & State   City & State   City & State   City & State   City & State   Country   Count	\$5.00 Added tax under s No Agent	May Be to Fees s. 199 032,
Davie Forda 28 Davie Forda Trust Fund Contribution  Zip Country Zip Country 8. This corporation has liability for intengible Florida Statutes Froida Statutes 7 Yes E 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Serial Name  Seedman Carof 81 Name  Seedman Carof Blue Blue Blue Blue Blue Blue Blue Blue	Added tex under s No Agent Zip	to Fees s. 199 032, Code
24 33314 25 USA 29 33314 30 USA Florida Statutes  9. Name and Address of Current Registered Agent  Seedman Caret  7800 W Ookland Park Blud  ## City  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appraign. Florida Statutes.  SIGNATURE.  Signature to the provisions of Sections 607 0502 and 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appraign.  SIGNATURE.  Signature to the provisions of Sections of Section 607.0505, Florida Statutes.  NOTE Registered Agent signature required when reinstating)  DATE	Agent  85 Zip	Code
9. Name and Address of Current Registered Agent  Serdman Carol  7800 W Oakland Rack Blad  82 Street Address (P.O. Box Number is Not Acceptable)  ## 102  Sunvive, Fl 33351  84 City  FL  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approagent Familian are with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE.  Signature for the processor of the dispensable (NOTE Registered Agent signature required when reinstating)  DATE	Agent 85 Zip	
Serdman Canol 7800 W Oakland Rak Blud 82 Street Address (P.O. Box Number is Not Acceptable) 83 Sunvive, Fl 33351 84 City FL 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approagent Familian are with, and succept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE.  Signature for the purposes of the dispersable (NOTE Registered Agent signature required when reinstating)  DATE	85 Zip	
Teach and Carol Rack Blud  # 102  Sunvive Fl 33351  11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approagent Familiary at with, and recept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE.  Signature to proceed when the obligation of the displicable (NOTE Registered Agent signature required when teinstating)  DATE	Changing i	
TROW Wookland Rack Blut  # 102  Sunvive Fl 33351  # City  FL  11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the approach Familiary at with, and recept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE.  SIGNATURE.  Imposter type for processing a footing approach (NOTE Registered Agent signature required when reinstating)  DATE	Changing i	
Sunvise, F1 33351  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appearance of the purpose of the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appearance of the change of the purpose of the purpose of the state of Florida Statutes.  SIGNATURE.  SIGNATURE.  Topicitify the properties of the change of the chapterable (NOTE Registered Agent signature required when reinstating)  DATE	Changing i	
Sunvise, F1 33351  11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appearance of the purpose of the state of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appearance of the change of the purpose of the purpose of the state of Florida Statutes.  SIGNATURE.  SIGNATURE.  Topicitify the properties of the change of the chapterable (NOTE Registered Agent signature required when reinstating)  DATE	Changing i	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the approach familiary at with, and recept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Tognate to a processing a food agent or bits of approach to the change agent approach to the change are bits of approach. (NOTE Registered Agent signature required when reinstating)  DATE	Changing i	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appearance of Familian and recept the obligations of Section 607.0505, Florida Statutes.  SIGNATURE  Tognate to proceed agent appearance of the displacement of t	changing i	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appearance of the appearance of the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Tognated the recent desire of process desire of the displacement of the disp	ointment as	ite registeren
SIGNATURE Signature 150-150 processores grower and the diagnocable (NOTE Registered Agent signature required when reinstating) DATE		s registered
togratificity or an process where or ground agent and title of applicable (NOTE Registered Agent signature required when reinstating) DATE		
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND		
	DIRECTOR	RS IN 12
11. President Secretary Treasure of DELETE TITTLE \$15/7/D	Change	Addition
Sherri Simpson 10 1 MIDZ 12 NAME Sherri Simpson		
STREET ATURESS 7800 W. Dakland Park 15100 4702 13 STREET ADDRESS 6200 Stirling Road		
DIN SI 79 Survise, Florida 33331 MCITY-SI-ZIP Davie, Florida 33314		
THE L DELETE 24 TITLE	Change	Addition
NAME:		
STREET ADDRESS 2.3 STREET ADDRESS		
CTY SE-72: 2 4 CTY-ST-2IP	- <del></del>	
	L Change	Addition
TABLE 3 2 NAME		
SHEEL CORRESS 3.3 STREET ADDRESS		
C1Y S1 72" 34. C7Y-S1-ZIP  OU: DELETE 41 TITLE	Change	Addition
TARVIE 4 2 NAME	F Orlange	POUR LAND
STREET A DRESS 43 STREET ADDRESS		
CITY ST 72P	Change	Add:tion
FAMIL 52 NAME	. = 0-	
STREET ALTHRESS 53 STREET ADDRESS		
CITY ST 7		
DELETE	Change	Addition
1000021790 62 NAME 1000021790	1111 120	
5741-12 (1975) 63 STREET ADDRESS ###165.00	ICO	
のY SL 2		
14. Tale is refly certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes I further information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as	certify that	the

VAME OF SIGNING OFFICER OR DIRECTOR